

FILED MAR 5 1949

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 6649

1741

BIRTH NO. 49-019309 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 76	
b. CITY (If outside corporate limits, write RURAL and give township) OR St. Louis c. LENGTH OF STAY (in this place) 7		c. CITY (If outside corporate limits, write RURAL and give township) OR Rural Affton 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Josephine Heitkamp Mem. Hosp.		d. STREET ADDRESS (If rural, give location) 8548 Mathilda, Zone 23 1	
3. NAME OF DECEASED (Type or Print) Eugene George Scheitlin		4. DATE OF DEATH (Month) (Day) (Year) 2 23 49	
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) U	8. DATE OF BIRTH 2 23 49
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 1
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME Emil Charles Scheitlin		13b. MOTHER'S MAIDEN NAME Adele L. Nuelle	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Mr. Emil Charles Scheitlin		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Premature Rupture Membranes Antecedent Causes Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Premature Birth (26 weeks) DUE TO (c) Atelectasis 134 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Early bleeding of (B no) 1776 X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2-23-49, to 2-23-49, that I last saw the deceased alive on 2-23-49, and that death occurred at 8:00 p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Gustav Dahms M.D.		23b. ADDRESS 1452 St. Grand	
23c. DATE SIGNED 2-23-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/24/49	
24c. NAME OF CEMETERY OR CREMATORY Sunset Bur. Park		24d. LOCATION (City, town, or county) (State) Affton 23 Mo	
DATE REC'D BY LOCAL REG. FEB 24 1949		25. FUNERAL DIRECTOR'S SIGNATURE J. B. Lasater	
25. ADDRESS J. L. Ziegenhein 7027 Gravois			

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed.....

*W. G. Peterson*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3767*

P. O. Address *7027 Graven*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**